

# Enrollment Information

For Employees and Retirees Not Eligible for Medicare



## About This Brochure

Your employer has selected The Local Choice Health Benefits Program to provide health care coverage for you and your eligible family members.

This brochure provides important information about how to enroll and special provisions that apply to The Local Choice plans. Take time to review the other materials in your enrollment package as well:

- ▲ **Benefits Summary** — Your package contains a Benefits Summary for each plan offered by your employer. The Benefits Summary outlines the benefits and general information about the plan.
- ▲ **Enrollment/Waiver Form** — Use this form to enroll yourself and any other eligible family members in a plan. You must also complete this form if you choose to waive coverage (Part A of the form). Whatever your decision, you must return the form to your Benefits Administrator.

## About The Local Choice Health Benefits Program

The Local Choice is a unique health benefits program managed by the Commonwealth of Virginia's Department of Human Resource Management (DHRM). It was created especially for local governments, school boards, and constitutional officers seeking affordable health care benefits for their employees.

No matter which plan you join, you will be served by customer service and claims processing professionals dedicated to serving Local Choice members.

## A One-Time Opportunity To Enroll

You now have the opportunity to enroll in The Local Choice Health Benefits Program. Your Benefits Administrator will assist you with enrollment and let you know the deadline for returning your completed Enrollment/Waiver Form.

## Why You Should Enroll Your Eligible Family Members Now

It is important to enroll eligible family members now. Otherwise you must wait until the next annual Open Enrollment to add family members or change your type of membership, unless you experience a qualifying mid-year event such as marriage, divorce or birth or adoption of a child.

## If Your Employer Offers Retiree Coverage, It Is Important To Enroll Now

If your employer offers retiree coverage, this is your only opportunity to enroll. If you decide to waive enrollment, neither you nor your eligible family member may join at a later date. If you choose to enroll in the program now, you will be permitted to add other family members to your plan during future Open Enrollment periods or if you experience a qualifying mid-year event.

The Local Choice is the only program that your employer offers to retirees. If you currently have coverage through an employer-sponsored health benefits program for retirees, that coverage will end as of the effective date of The Local Choice coverage.

## Who May Enroll

If you are an eligible employee or retiree (and your employer offers retiree coverage), you may enroll the following family members in your plan:

- ▲ Your spouse;
- ▲ Your unmarried children (biological or legally adopted);
- ▲ Your unmarried stepchildren who live with you in a parent-child relationship and are dependent upon you based on federal income tax guidelines;
- ▲ Other children if a court orders the eligible employee to assume permanent, court-ordered custody of the child.

The age limit for unmarried dependent children who are not self-supporting is the last day of the year in which the child reaches age 23.

A dependent child, regardless of age, may continue to be covered if he or she is incapable of self-support because of a severe physical or mental handicap diagnosed while the child is enrolled in your plan. Application to continue coverage must occur no less than 31 days before the child becomes ineligible for coverage due to age. The physical or mental handicap must have existed prior to the end of the year in which the dependent child reached age 23.

A child who is self-supporting or married loses eligibility.

Employee Plus One, Retiree Plus One, or Family membership **may not include** parents, grandparents, aunts, uncles, brothers, sisters, or fiancées *even if they are dependent on the employee*. DHRM determines if dependent children qualify as “other children.” See your Benefits Administrator if you would like more information.

## Types Of Membership

Eligible employees and retirees may choose one of three types of plan membership:

- ▲ Single membership (employee or retiree only)
- ▲ Employee Plus One or Retiree Plus One membership (either you and your spouse, or you and one eligible dependent child)
- ▲ Family membership (you and two or more eligible family members)

## What Happens After You Enroll

If you enroll in a plan, you will receive an identification card by mail before your coverage becomes effective. Be sure to use this card each time you receive health care services. Your Benefits Administrator will provide a Member Handbook with detailed information about your health benefits plan.

## Qualifying Mid-Year Events

These events may permit an election change outside the annual Open Enrollment period. Most allow you to change your membership. To be allowed, changes must be consistent with and on account of the qualifying mid-year event. If you fail to submit an Enrollment/Waiver Form to your Benefits Administrator within 31 days of the event, you will not be allowed to make a change until the next Open Enrollment Period, or unless you experience another qualifying mid-year event. If you have questions about these events, contact your Benefits Administrator.

## Events Which Allow You To Change Your Membership Outside Of The Open Enrollment Period

### *Change in Employee's Employment Status:*

- ▲ Begins/ends full-time employment
- ▲ Begins/ends leave without pay
- ▲ Begins/ends family medical leave
- ▲ Begins retirement

### *Change in Employee's Marital Status:*

- ▲ Marriage, divorce or death of a spouse

### *Change in Employee's Number of Eligible Dependents:*

- ▲ Birth or adoption (Note: pre-adoptive placements may be approved under certain circumstances)
- ▲ Death of a covered child
- ▲ Covered child exceeds plan's age limit
- ▲ Covered child marries
- ▲ Court order to cover a child
- ▲ Spouse or covered child begins employment/spouse or eligible child ends employment
- ▲ Spouse or covered child begins/ends leave without pay
- ▲ Spouse or covered child begins/ends family medical leave
- ▲ Annual enrollment or change allowed under another employer's plan

### *Other Changes:*

- ▲ Moves in or out of plan's service area
- ▲ Enrolls in single membership if previously waived coverage
- ▲ Gains or loses eligibility for Medicare or Medicaid
- ▲ Loses eligibility for another government-sponsored plan

## Important Plan Provisions

### *Waiting Periods*

No matter which plan you choose, there are no waiting periods or pre-existing condition restrictions.

### *Non-duplication Of Benefits*

**You must provide information about any other group coverage you have on your Enrollment/Waiver Form.**

All plans include a Non-duplication of Benefits provision. This means that if you or family members have coverage under both a Local Choice plan and another group plan, the two insurance companies will work together to provide the maximum benefits for which you are entitled and to ensure that duplicate payment is not made for the same services.

If you are eligible for benefits through two or more programs, one of the programs will be responsible for "primary coverage." This means full benefits will be provided by the primary coverage program before benefits of the other program will be provided.

The other program will be responsible for "secondary coverage." This means that only after primary coverage benefits have been determined will benefits be available through secondary coverage. Secondary coverage programs will provide benefits only to the extent that the combination of primary and secondary coverage does not exceed the value of covered charges.

You will be asked to complete questionnaires from time to time asking about other health care coverage. Please complete and return questionnaires quickly and let us know when other insurance coverage changes or is cancelled to avoid possible claims denials.

## If You Need More Information

Your Benefits Administrator can provide you with more information to help you make enrollment decisions.

This may include:

- ▲ *Directory of Providers* Available for each plan, it lists the providers who participate in the plan's network.
- ▲ *Member Handbook* Provides a complete description of the benefits, restrictions, exclusions, and limitations of the plan.

Contact your Benefits Administrator about the Local Choice plan. You may also visit The Local Choice Web site at **[www.thelocalchoice.state.va.us](http://www.thelocalchoice.state.va.us)** or call Trigon Member Services at **(804) 355-8506** in Richmond or **1-800-552-2682** outside Richmond.